



KENTUCKY BOARD OF NURSING
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
800-305-2042 or 502-429-3300
Fax: 502-429-3311
Internet: kbn.ky.gov

KNAR DATABASE REQUESTS

Recently you inquired about the names and addresses for the Nurse Aide Registry in Kentucky. Names and addresses will be released per your written request, if possible. Please review the information below and complete the KBN form (IM-002) as precisely as possible.

1. The base fee must be paid in advance.

<u>INFORMATION REQUEST</u>	<u>BASE FEE</u>
Full Listing Requests (Data for More than 20,000 names)	\$480
NOTE: The CNA data contains at least 28,000 active names on the registry, consequently, the full base cost is necessary.	

2. The fee schedule defined above DOES NOT include the cost of special program modifications when requested. You will be notified in advance of any additional costs for programming, in accordance with the following schedule:

<u>ITEM</u>	<u>COST</u>
Programming	\$56.50/per hour

3. APPROXIMATELY 4 to 6 WEEKS MAY BE NEEDED TO PROCESS REQUEST CONTINGENT UPON COMPUTER TIME AVAILABILITY.

4. PLEASE NOTE: The names and addresses supplied by this agency reflect the most current information available. However, as licensees are responsible for updating information, the accuracy of data on file cannot be guaranteed by this agency.

Please complete the enclosed form and return it with the appropriate base fee (\$480) to the Kentucky Board of Nursing. Orders will be sent via email unless otherwise indicated. If you prefer another method of shipment, you must indicate which method on the bottom of the order form.

Should you have additional questions, please contact Darlene Chilton, 502-429-3343, or Sandeep Reddy, 502-429-3300, Ext. 249, at the Board office.

KNAR DATABASE REQUEST FORM (Nurse Aide Registry, CNA's)

ORGANIZATION NAME _____ PHONE _____

ADDRESS _____
STREET

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ SIGNATURE _____

EMAIL ADDRESS _____ **Note: Email is the preferred method of shipment**

Check the appropriate boxes. **The \$480 BASE FEE MUST ACCOMPANY THIS FORM.** Allow up to 6 weeks for processing.

1. **FORMATS:**

Semicolon Delimited ☐

Fixed Length ☐

2.

FULL ☐
(Base Cost = \$480)
(Over 20,000 names)

There are approximately 28,000 active names on the Nurse Aide Registry, consequently, the base fee is for a full listing.

3. **NURSE AIDE STATUS:** Please check all that apply.

Current, Active ☐

Combine Active & Inactive ☐

Current, Inactive ☐

Separate Active & Inactive ☐

4. **SORT BY:**

Zip Code Order ☐

Last Name Order ☐

State, Last Name Order ☐

5. **ANTICIPATED COMPLETION DATE: ALLOW 4-6 WEEKS FOR DELIVERY**

6. **SHIPMENT: ORDERS WILL BE SENT VIA EMAIL UNLESS OTHERWISE INDICATED. IF YOU NEED THE ORDER SHIPPED BY A METHOD OTHER THAN EMAIL, INDICATE WHICH METHOD BELOW.**

Ship to Address Below ☐

Customer Pickup ☐

Address:
